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FILING OR 371 (c) DATE FIRST NAMED APPLICANT APPLICATION NUMBER ATTY. DOCKET NO./TITLE 12/16/2005 10/561,033

Lelfeng Cheng

101119 - 1P US

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PHILADELPHIA, PA 19380

**CONFIRMATION NO. 3968** 

\*OC000000018662223\*

Date Mailed: 05/02/2006

#### NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 04/20/2006.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

LYNN LAM PTOSS (703) 308-9150

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FISH & NEAVE IP GROUP

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12/16/2005

Lelfeng Cheng

ASZD-P01-119

**CONFIRMATION NO. 3968** 



\*OC00000018662193\*

Date Mailed: 05/02/2006

#### NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 04/20/2006.

• The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

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FAX TRANSMISSION					
DATE: April 20, 2006					
PTO IDENTIFIER: Application Number 10/561033  Patent Number					
Inventor: Leifeng Cheng et al.					
MESSAGE TO: US Patent and Trademark Office					
FAX NUMBER: (571) 273-8300					
FROM: FISH & NEAVE IP GROUP					
ROPES & GRAY LLP					
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Attorney Dkt. #: ASZD-P01-119					
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CONTENTS: Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)					
Statement Under 37 CFR 3.73 (b) (1 page) This Facsimile Cover Sheet (1 page)					
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PTO/SB/97 (09-04)

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Serial No. (if known): 10/561033 Attorney Docket No.: ASZD-P01-119

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/561033 Application Number Filing Date December 16, 2005 **REVOCATION OF POWER OF** ATTORNEY WITH First Named Inventor Leifeng Cheng **NEW POWER OF ATTORNEY** AND Not Yet Assigned Art Unit **CHANGE OF CORRESPONDENCE ADDRESS Examiner Name** Not Yet Assigned 101119 - 1P US Attorney Docket Number I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 52286 x I hereby appoint the practitioners associated with the Customer Number: x Please change the correspondence address for the above-identified application to: The address associated with × 52286 Customer Number: OR Firm or Individual Name Cozen O'Conner Attorneys Address 1900 Market Street City Philadelphia PA 19103 3508 Country USA State Zip (215) 665-2013 Telephone (215) 665-6914 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name KEVIN BILL Date 12 April 2006 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

forms are submitted

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STATEMENT UNDER 37 CFR 3.73(b)						
Applicant/Patent Owner:	Leifeng Cheng et al.					
Application No:	10/561033	Filed: December	16, 2005			
Entitled: 2,3-SUBSTITU	JTED 5,6-DIARYL-PYRAZINE DE	RIVATIVES AS CB1 MODU	LATOR			
AstraZene (Name of Assignee)	eca AB , a (Type of A	Corporation corporation, partnership, c	niversity, government agency, etc.)			
states that it is:						
1. x the assignee of	the entire right, title, and interest;	or				
	ess than the entire right, title and i					
, , ,	percentage) of its ownership interest tent identified above by virtue of e					
	om the inventor(s) of the patent ap		ove. The assignment			
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_	m the inventor(s), of the patent app	olication/patent identified ab	ove, to the current			
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Copies of assignments or other documents in the chain of title are attached.  [NOTE: A separate copy ( <i>i.e.</i> , a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]						
The undersigned (whose ti	the is supplied below) is authorized	to act on behalf of the assi	gnee.			
	Signature	12 April 9	<del></del>			
	-		Date '			
Drint	KEIN BILL ed or Typed Name	Tolor	phone Number			
	ed or Typeo Name ed Signer for Assignee	reieț	Mone Number			
	nt Director, CV	<del></del>				